PRINTED: 04/21/2011 FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC	AID SERVICES				Olv	IB NO. 0938-0391	
STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01			COMPLETED		
		155406	B. WING			03/24/2011		
			D. WIIV		ADDRESS, CITY, STATE, ZIP CODE			
NAME OF I	PROVIDER OR SUPPLIE	R		1	EST BOULEVARD			
HICKOR'	Y CREEK AT PERU	J	PERU, IN46970					
							1 715	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B)		(X5)		
PREFIX	`	NCY MUST BE PERCEDED BY FULL	PREFIX		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
TAG	\	R LSC IDENTIFYING INFORMATION)	17.00	TAG	.		DATE	
K0000	A Life Safety Code Recertification and		K00	00	Email DeliveryApril 13, 2011			
		Survey was conducted by						
	the Indiana State	e Department of Health in						
	accordance with 42 CFR 483.70(a).							
	Survey Date: 03	3/24/11						
	 Facility Number	·· 000475						
	Provider Number							
	AIM Number: 100290540							
	Surveyor: Phillip Komsiski, Life Safety							
	Code Specialist							
	Code Specialist							
	At this Life Safety Code survey, Hickory							
	Creek at Peru was found not in							
	_	Requirements for						
		Medicare/Medicaid, 42						
	_	3.70(a), Life Safety from						
	Fire and the 200	0 edition of the National						
	Fire Protection A	Association (NFPA) 101,						
	Life Safety Code	e, (LSC), Chapter 19,						
	Existing Health Care Occupancies and 410 IAC 16.2.							
	110 1110 10.2.							
	This one story for	acility was determined to						
	1	22) construction and was						
		I. The facility has a fire						
	1	th smoke detection in the						
	_	s open to the corridors and						
	battery operated detectors in resident							
sleeping rooms. The faci		The facility has a						
		nd had a census of 34 at						
	the time of this survey							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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OZLJ21

Facility ID:

000475

If continuation sheet

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01		01	COMPLETED		
		155406	B. WIN			03/24/2	2011	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT PERU				STREET ADDRESS, CITY, STATE, ZIP CODE 390 WEST BOULEVARD PERU, IN46970				
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR			COMPLETION	
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
	Safety Code Specia 04/01/11. The facility was with the aforement	Robert Booher, REHS, Life list-Medical Surveyor on found not in compliance entioned regulatory evidenced by the						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 A. BUILDING 155406 03/24/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 390 WEST BOULEVARD HICKORY CREEK AT PERU PERU. IN46970 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE This Plan of Correction K0044 Based on observation and interview, the K0044 04/04/2011 constitutes the written allegation facility failed to ensure 2 of 2 sets of fire SS=F of compliance for the deficiencies barrier doors were equipped with the cited. However, submission of the appropriate hardware to allow the door plan of correction is not an admission that a deficiency exists which must close first, to always close or that one was cited correctly. first so both doors will always close This Plan of Correction is completely and latch as a pair. LSC submitted to meet the 7.2.4.3.8 requires fire barrier requirements established by state and federal law. Hickory Creek at doors to be self closing or Peru desires this Plan of automatic closing in accordance Correction to be considered the with 7.2.1.8. NFPA 80, 1999 Edition, facility's Allegation of Compliance. Compliance is the Standard for Fire Doors and Fire effective April 4, 2011. K-044 It is Windows at 3-4.2 requires where there is the policy of Hickory Creek at an astragal which prevents the inactive Peru that fire barrier doors will be door of a pair of doors from closing and equipped with the appropriate latching before the active door closes and hardware to allow the door which must close first to always close latches, a coordinating device shall be first so that both doors will always used. This deficient practice could affect close completely and latch as a all 34 residents, as well as visitors and pair. How will corrective action be staff. accomplished? A coordinating device for each fire barrier door was ordered on March 25, 2011 Findings include: and was received on April 4, 2011. They were immediately Based on observations on 03/24/11 during installed by the Maintenance Director on the fire barrier doors the tour between 12:01 p.m. and 12:59 upon receiving the coordinators. p.m. with the Maintenance Supervisor, the How will Hickory Creek at Peru fire barrier doors which swung in the identify others affected by the same direction and were equipped with an alleged deficient practice? There are only two fire barrier doors and astragal, lacked a coordinator for the the no other areas were affected. west set of fire doors next to the nurse's What measures will Hickory station and the east set of fire doors next Creek at Peru put into place so to room #14. Based on interview on the alleged deficient practice will not recur? During weekly 3/24/11 concurrent with the observations preventative maintenance rounds

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			01			COMPLETED			
	155406		A. BUILDING			03/24/2011			
		100.00	B. WIN			00.2			
NAME OF	NAME OF PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE				
				390 WEST BOULEVARD					
HICKOR	HICKORY CREEK AT PERU			PERU, IN46970					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL			ID	PROVIDER'S PLAN OF CORRECTION	(X5)	(X5)		
PREFIX			PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	ATE	COMPLETION		
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)	DATE			
	with the Maintenance Supervisor, it was acknowledged the aforementioned sets of fire doors which swung in the same		Ĭ		as well as during the monthly fire				
					drills the Maintenance Superv	se of the			
					will assess the use of the				
					coordinators to assure that the	· I			
	direction lacked a coordinator to allow the door without the astragal to close first.				meet the applicable provision	· •			
					the life safety code and that the	ney			
					are functioning properly. The				
	3.1-19(b)				Maintenance Director will				
					document this check and revi				
					with the administrator at the n				
					scheduled morning managem				
					meeting. How will Hickory Creat Peru monitor its corrective	еск			
					actions? The Maintenance				
					Director will monitor the				
					coordinators to assure				
					compliance. The Administrato	r			
					will have the overall responsib				
					to assure that the coordinator				
					meet the applicable requireme				
					of the Life Safety Code. Any				
					concerns will be brought to th	е			
					QA committee monthly and ar				
					concerns will be addressed as	•			
					necessary. Completion Date:				
					April 4, 2011				

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